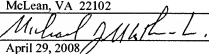


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|---|--|-------------------------------|------------------------|
| <p align="center">TRANSMITTAL FORM</p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/727,367 |
| | | Filing Date | December 4, 2003 |
| | | First Named Inventor | Frank R. Cichocki, Jr. |
| | | Group Art Unit | 3731 |
| | | Examiner | Amy T. Lang |
| Total Number of Pages in This Submission | | Attorney Docket Number | ETH5110USNP |

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| <p align="center">ENCLOSURES (check all that apply)</p> | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Power of Attorney and Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <p>Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.</p> | | |

| | |
|---|--|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual name | Michael J. Mlotkowski, Reg. No. 33,020 Roberts Mlotkowski & Hobbes P.C. PO Box 10064 McLean, VA 22102 |
| Signature |  |
| Date | April 29, 2008 |

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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